



Incident Report

Print Date/Time: 07/20/2016 08:21
Login ID: ss0143

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00013017

Incident Date/Time: 7/5/2016 3:53:24 PM
Location: SR 204 / SR 9 NE
LAKE STEVENS WA 98258
Phone Number: (425) 344-6674
Report Required: Yes
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 2
Status: 2
Nature of Call:

Unit/Personnel

Unit	Personnel
19D2	SS0132-Kilroy
19D3	SS0134-Lyons
19S15	SS0072-Aukerman

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	RON		(425) 344-6674			

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle						dp12110	
Involved Vehicle						dp12110	

Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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CAD Narrative

07/05/2016 : 16:10:27 SP0348 Narrative: 1 YEL

07/05/2016 : 16:06:31 SP0348 Narrative: SR 9 CMD , UTL , 2 VEHS REAR END, SB LANES, INVEST

07/05/2016 : 16:03:35 SP0348 Narrative: FIRE CONTINUING TO 204 / SR 9

07/05/2016 : 16:03:06 SP0200 Narrative: its at 204/sr 9

07/05/2016 : 16:02:32 SP0348 Narrative: CHECKED 20TH ST NOTHING SEEN

07/05/2016 : 16:02:29 SP0200 Narrative: nothing showing at 20, n/a on cb to rp, its at 204 sr/9

07/05/2016 : 16:02:08 SP0348 Narrative: FIRE IN AREA ATL

07/05/2016 : 16:01:00 SP0200 Narrative: nothing showing, calling rp back

07/05/2016 : 15:56:07 SP0325 Narrative: ON SB SR 9, BLK TOYT PU, GRY FORD F250, LR325

07/05/2016 : 15:55:04 SP0325 Narrative: 2 VEHS, REAR END, F INJ

COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E561369**CASE # **2016-00013017**LOCAL AGENCY
CODINGTOTAL # OF
UNITSOBJECT
STRUCKTRIBAL
RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #
DATE OF COLLISION **07** - **05** - **2016** **1555** **31** N ☐ E ☐ IN ☒ S ☐ W ☐ OF **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐

SR 9 NE

BLOCK NO. ☒
MILE POST

700

DISTANCE

OF (REFERENCE OR CROSS STREET)

MILES ☐ N ☐ E ☐ S ☐ W **SR 204**

UNIT 01

MOTOR
VEHICLE☒PEDAL-
CYCLE☐

DAMAGE THRESHOLD MET

YES

NO

☒

PHONE

D: 5125581414

LAST NAME

BULLIED

FIRST NAME

RONALD

MIDDLE
INITIAL

J

STREET
NEW ADDRESS

601 SANDY POINT ROAD

CITY

WIMBERLEY

ST

TX

ZIP

78676

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #

01912688

STATE

TX

SEX

M

D.O.B.
MMDDYYYY

07

08

1948

ON DUTY

☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1

HELMET
USEINJURY
CLASS

1

NATURE OF INJURIES

LICENSE
PLATE #

DH05C

STATE

TX

VIN#

1FTSW21PX6EA82698

TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

2006

MAKE

FORD

MODEL

F250

STYLE

PK

VEHICLE TOWED
YES

NO

☒

TOWED BY

GOVT. VEHICLE
YES

NO

☒

REGISTERED OWNER INFO.

LIABILITY INSURANCE
IN EFFECT☒INSURANCE CO
& POLICY #

STATE FARM 208 4025-D14-53

VEHICLE
LEGALLY
STANDING

YES

NO

☐

CITATION #

CHARGE

UNIT 02

MOTOR
VEHICLE☒PEDAL-
CYCLE☐

PEDESTRIAN

☐PROPERTY
OWNER☐

DAMAGE THRESHOLD MET

YES

NO

☒

PHONE

D: 4253446674

LAST NAME

WARD

FIRST NAME

BRINDA

MIDDLE
INITIALSTREET
NEW ADDRESS

930 99TH AVE SE

CITY

LAKE STEVENS

ST

WA

ZIP

98258

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #

STATE

U

SEX

D.O.B.
MMDDYYYY

12

06

1961

ON DUTY

☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1

HELMET
USEINJURY
CLASS

7

NATURE OF INJURIES
NECK AND BACKLICENSE
PLATE #

9709YW

STATE

WA

VIN#

4YMCL1010ER000342

TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

2014

MAKE

CO

MODEL

CARGO

STYLE

PK

VEHICLE TOWED
YES

NO

☒

TOWED BY

GOVT. VEHICLE
YES

NO

☒

REGISTERED OWNER INFO.

LIABILITY INSURANCE
IN EFFECT☒INSURANCE CO
& POLICY #

SAFECO INSURANCE X5552816

VEHICLE
LEGALLY
STANDING

YES

NO

☒

CITATION #

CHARGE

OFFICER'S NAME (PRINT)

J. KILROY #0132

BADGE OR ID #

#0132

AGENCY

WA0311900

PAGE 01 OF 3

PART A 3000-345-159 R (7/06)


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E561369**CASE # **2016-00013017**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					
NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					
NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					

NARRATIVE

Unit 1 was going south on SR 9 NE at the intersection with SR 204. Unit 2 was on SR 9 NE stopped at the intersection with SR 204 at a red light. Unit 1 started to go forward when the light turned green and struck unit 1.

The driver of unit 2 was injured and aid arrived and took her to Providence Hospital. Both vehicles were driven from the scene.

Unit 1 was at fault to due to inattention.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

J. KILROY #0132
07-05-16 05:36 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

R. BROOKS 0013

DATE

7/8/2016 5:32:00 AM

BADGE OR ID #	#0132	ORI #	WA0311900	TIME POLICE DISPATCHED	3:55 PM	TIME POLICE ARRIVED	4:05 PM
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REPORT NO. E561369

CASE # 2016-00013017

DATE AND TIME
OF COLLISION 07/05/16 15:55

